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CONFIRMATION NO. 3551

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/057,475	01/22/2002 RULE	435	1642	210121.494C2

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**** CONTINUING DATA *******

This application is a CIP of 10/040,862 11/06/2001 ABN which is a CIP of 09/796,692 03/01/2001 ABN which claims benefit of 60/223,378 08/07/2000 and claims benefit of 60/223,416 08/04/2000 and claims benefit of 60/222,903 08/03/2000 and claims benefit of 60/218,950 07/14/2000 and claims benefit of 60/206,201 05/22/2000 and claims benefit of 60/202,084 05/04/2000 and claims benefit of 60/200,999 05/01/2000 and claims benefit of 60/200,303 04/28/2000 and claims benefit of 60/200,779 04/28/2000 and claims benefit of 60/200,545 04/27/2000 and claims benefit of 60/190,479 03/17/2000 ABN and claims benefit of 60/186,126 03/01/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/15/2002

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance <i>/S/N Initials</i>	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WA	52	26	8

ADDRESS

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TITLE

COMPOSITIONS AND METHODS FOR THE DETECTION, DIAGNOSIS AND THERAPY OF
 HEMATOLOGICAL MALIGNANCIES

<small>BIB (Rev. 05/07)</small>	<input type="checkbox"/> All Fees
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FILING FEE RECEIVED 2198	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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